

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **700512**  
APPLICANT(S)

FILING DATE

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
101						151
102						152
103						153
104						154
105						155
106						156
107						157
108	✓	1				158
109	✓	1	✓			159
110	✓	1	✓			160
111						161
112						162
113						163
114						164
115						165
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144						194
145						195
146						196
147						197
148						198
149						199
150						200
TOTAL IND.	4	3	1			TOTAL IND.
TOTAL DEP.	1	2	1			TOTAL DEP.
TOTAL CLAIMS	5	5	2			TOTAL CLAIMS

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APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

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